

making sure that, from the public's point of view, there is more accountability.

I also rise to request that my House colleagues tomorrow, in the voice vote and the recorded vote on legal services for the poor, that we again do as we have in the past 2 years, restore the \$109 million in this House so those who are truly in need and need legal representation in their local counties and across their States for cases involving 101 assistance for the poor, that they support the amendment tomorrow, the Molloy-Fox-Ramstad amendment, because it is so important to many of those who could not be represented otherwise, and who may be just one court case away from losing their family, losing their job, or losing an important matter which goes to their financial or family security.

I thank those who will look carefully upon our debate tonight and hopefully support our amendment.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mrs. LINDA SMITH) is recognized for 5 minutes.

Mrs. LINDA SMITH of Washington addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.

THE DIFFERENCES BETWEEN THE DEMOCRATS' PATIENTS' BILL OF RIGHTS AND THE REPUBLICAN HMO PROPOSAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I would like to spend some time talking about the issue of managed care reform, or HMO reform. I wanted to start out by pointing out that the House Republican leaders brought a bill to the floor about 2 weeks ago which they are trying to use to essentially dupe Americans into believing that they are protected against HMOs, when in fact, if anything, the Republican bill makes people's situation with HMOs even worse off, in my opinion.

There were no hearings on this Republican bill. It never went through any congressional committee, and it was literally changing up until the very last minute, when it came to the floor of the House of Representatives.

For months Republicans have been working hand-in-hand with insurance companies to fight the Democratic alternative, the Patients' Bill of Rights, which is a real patient protection bill, which enjoys the strong support of doctors, nurses, and consumer advocates.

Now all of a sudden the Republicans have rushed their bill, which they call a patient protection bill, to the floor in an effort to solve the political problem

that their opposition to managed care reform has essentially become. Mr. Speaker, make no mistake, the differences between the Democratic Patients' Bill of Rights and the Republican HMO proposal are significant.

The Republican bill excludes key provisions that are essential for consumer protection, and includes provisions that would reduce current consumer protections. The Republican HMO plan seeks to give the appearance of reform without the reality.

Just to mention, among other things, some of the most serious problems with the Republican HMO plan, it leaves medical decisions in the hands of insurance company accountants instead of doctors. It does not limit HMOs and insurance companies' use of improper financial incentives to limit needed care. It allows drive-through mastectomies, and fails to contain a requirement of coverage for reconstructive surgery after mastectomies.

It does not give access to specialty care when needed. It also does not guarantee patients access to needed drugs or clinical trials. Most important, it provides no effective mechanism to hold plans accountable when plans abuse, kill, or injure someone.

Democrats have been insisting and will continue to insist on a bill that contains guarantees that are a significant gain for health plan consumers. The Republican plan, by contrast to the Democratic plan, is essentially a sham in providing patient protections.

Mr. Speaker, I wanted to talk for a few minutes, if I could, about some of the specific problems that I see with the Republican HMO plan, and give some examples of how they essentially would not help.

For example, one of the most important provisions in the Republican bill that contrasts it from the Democratic Patients' Bill of Rights is that the Democrats' Patients' Bill of Rights insures access to specialists, whereas the Republican plan does not.

For example, under the Democratic bill, if you had cancer, you could go directly to an oncologist. If your child had a specific problem, you could bring your child to whatever type of specialist your child might need. Under the Republican plan, you would still have to go see your primary care physician for a referral, and there is no guarantee that you would get to see a specialist if you needed one.

The differences between the two bills are even more pronounced when it comes to seeing specialists outside your HMO, outside your network. The Democrats' Patients' Bill of Rights ensures you will be able to go outside your network at no cost to you if you need to see a specialist that your HMO does not have within the network. But under the Republican bill, if you need to see a specialist outside of your network, you are out of luck. You do not get to see him.

Another difference between the access each bill would provide is what we

call "standing referrals." If you were fortunate enough to be in an HMO that has the type of specialists you need when you get sick under the Republican plan, you still have to jump through hoops. The Republican plan does not allow patients who need care over a long period of time by a specialist to have standing referrals. The Democratic bill, the Patients' Bill of Rights, does not require patients to go back time and again to renew referrals. If you need to see a specialist over a long period of time, you are guaranteed the right to that doctor.

The Democrats' Patients' Bill of Rights will also let you designate the specialist as your primary care physician. If you are a woman, you can choose your OB-GYN as your primary care physician. The Republican bill, by contrast, neither allows you to designate your specialist as your primary care physician nor your OB-GYN.

Another major difference, and I think it is important, refers to access to physicians, again. That is, what the two bills do to protect the continuity of care.

The Democrats' bill ensures that if you were in the middle of treatment and your plan drops the doctor that you were seeing or your employer switches insurance companies, that you will still be able to see that doctor at no cost to you. But under the Republican bill, if you are a woman in your last trimester of pregnancy, for example, you could be forced to see another doctor once that doctor is dropped from the plan. The same goes for any patient in similar circumstances.

The differences in ensuring access between the two bills is not limited to just physicians. Under the Democrats' Patients' Bill of Rights, health plans are required to have a process for allowing certain patients to participate in a defined set of approved clinical trials.

For many patients, clinical trials represent the last and only hope they have of surviving. But the Republican plan provides no access to clinical trials at all. If you are in an advanced stage of breast cancer, for example, the Democratic bill would give you not only the opportunity but the resources to fight that horrible disease. I do not see how the Republican bill does anything of the sort.

One last difference I would like to point out in terms of access is access to needed drugs. The Republican plan does not guarantee that your HMO will pay for the drugs your doctor prescribes. If your doctor prescribes you a drug that is not on your HMO's approved list of drugs under the Republican plan, you will have to pay for it yourself. If it is too expensive for you, that is too bad. Even though you have health care, you find the prescribed remedy out of reach because the health plan you pay for refuses to cover it.

The Democrats' Patients' Bill of Rights, on the other hand, guarantees access to whatever medication your